

**PRESENTER TOURING ASSISTANCE
FINAL REPORT
2007 - 2008**

Virginia Commission for the Arts
223 Governor St., 2nd floor
Richmond, VA 23219
804/225-3132

Return no later than 30 days after the touring event **and no later than June 16, 2008**. You may complete this form OR reformat using a word processor and providing ALL the information requested IN THE ORDER SPECIFIED BELOW. **Please do not return completed form via fax or email!**

GRANT ID. #

Grantee Name, Mailing Address, Daytime Telephone:

County:

List the name of the touring group or artist and the activities supported by the grant. What was the attendance at each event?

<u>Event Date</u>	<u>Name of Artist</u>	<u>Type of Event</u>	<u>Location</u>	<u>Attendance</u>
-------------------	-----------------------	----------------------	-----------------	-------------------

TOTAL ATTENDANCE:

Special characteristics of the individuals attending. Are these figures an actual count____; an estimate ____; unavailable ____? Please give the actual number of individuals in each category and not a percentage.

Pre K through Elementary _____
Middle School through Secondary _____

College/University Student _____
Senior Citizen _____

*Institutionalized _____
*Disabled _____

*These individuals may also be counted in the other categories; e.g. a college student with disabilities should be counted under both "College/University Student" and "Disabled."

Number of touring artists participating:

OVER

Comment about the touring group or the touring activities. Was the performance well received? Did you find the group well managed and working with it a good experience? Would you consider presenting it again? Attach another sheet if needed.

PROJECT CASH EXPENSES

Total artistic fee (including VCA grant) _____
Facility costs (rental, security, etc.) _____
Publicity/printing _____
Advertising _____
Administrative (postage, phone, etc) _____
Other _____

***TOTAL CASH EXPENSES** \$ _____

PROJECT CASH INCOME

VCA grant (get total amount from award letter) _____
Income devoted to this project from your organization's general operating budget _____
Ticket sales/other earned income _____
Local government _____
Foundation grants _____
Individual contributions _____
Corporate contributions _____

***TOTAL CASH INCOME** \$ _____

***IMPORTANT:**

1. Total income should at least equal total expenses.
2. If the total income exceeded total expenses, attach a statement indicating the future arts activities you propose supporting with the excess income from this project. See p. 5, #6, 2007-2008 Tour Directory.
3. In-kind expenses and income may not be included. In-kind refers to non-cash goods and services that are dedicated to this project.

I hereby certify that to the best of my knowledge all information in this final report is complete and accurate.

Typed name and title of person reporting

Daytime telephone

Signature

Date

